

| ORDER FOR SUPPLIES OR SERVICES | | | | | | | | | | PAGE 1 OF 8 | | |
|---|--|---|---|---|---|---|---|--|----------------|---------------------------------|------------|--|
| 1. CONTRACT/PURCH. ORDER/ AGREEMENT NO. N66001-15-D-0056 | | | 2. DELIVERY ORDER/ CALL NO. 0009 | | 3. DATE OF ORDER/ CALL (YYYYMMDD) 2016 Mar 25 | | 4. REQ./ PURCH. REQUEST NO. 1300553970-0001 | | | 5. PRIORITY | | |
| 6. ISSUED BY CODE N66001 SPAWAR SYSTEMS CENTER PACIFIC JULIUS LIMCOLIOC, CODE 22560, 619-553-4332 JULIUS.LIMCOLIOC@NAVY.MIL 53560 HULL STREET SAN DIEGO CA 92152-5001 | | | 7. ADMINISTERED BY (if other than 6) CODE S2404A DCMA MANASSAS 14501 GEORGE CARTER WAY, 2ND FLOOR CHANTILLY VA 20151 SCD: C | | | 8. DELIVERY FOB <input checked="" type="checkbox"/> DESTINATION <input type="checkbox"/> OTHER (See Schedule if other) | | | | | | |
| 9. CONTRACTOR CODE 6KKN1 SOFTPOWER, LLC NAME DUNS #: 969933899 AND 3050 CHAIN BRIDGE ROAD, SUITE 420 ADDRESS FAIRFAX VA 22030-2834 | | | FACILITY | | 10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) SEE SCHEDULE | | | 11. MARK IF BUSINESS IS <input checked="" type="checkbox"/> SMALL <input checked="" type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMEN-OWNED | | | | |
| | | | | | 12. DISCOUNT TERMS | | | | | | | |
| 13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Basic Contract Section G | | | | | | | | | | | | |
| 14. SHIP TO CODE N66001 SPAWAR SYSTEMS CENTER PACIFIC RECEIVING OFFICER 4297 PACIFIC HIGHWAY, BLDG 7 CODE 43150 SAN DIEGO CA 92110-5000 | | | 15. PAYMENT WILL BE MADE BY CODE HQ0338 DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPS P.O. BOX 182264 COLUMBUS OH 43218-2264 | | | MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2. | | | | | | |
| | | | | | | | | | | | | |
| 16. TYPE OF ORDER | | DELIVERY/ CALL <input checked="" type="checkbox"/> | | This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | | | | | | | |
| | | PURCHASE <input type="checkbox"/> | | Reference your quote dated Furnish the following on terms specified herein. REF: | | | | | | | | |
| ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME. | | | | | | | | | | | | |
| NAME OF CONTRACTOR | | | | SIGNATURE | | | | TYPED NAME AND TITLE | | DATE SIGNED (YYYYMMDD) | | |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/ LOCAL USE See Schedule | | | | | | | | | | | | |
| 18. ITEM NO. | | 19. SCHEDULE OF SUPPLIES/ SERVICES | | | 20. QUANTITY ORDERED/ ACCEPTED* | | 21. UNIT | | 22. UNIT PRICE | | 23. AMOUNT | |
| | | SEE SCHEDULE | | | | | | | | | | |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | | | | 24. UNITED STATES OF AMERICA TEL: 619-553-6334 EMAIL: martha.aldridge@navy.mil BY: Liz Aldridge | | | | (b)(6) | | 25. TOTAL \$15,060.38 | | |
| 27a. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED | | | | 26. DIFFERENCES | | | | | | | | |
| b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | c. DATE (YYYYMMDD) | | d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | |
| e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | | 28. SHIP NO. | | 29. DO VOUCHER NO. | | 30. INITIALS | | |
| f. TELEPHONE NUMBER | | g. E-MAIL ADDRESS | | | | <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | 32. PAID BY | | 33. AMOUNT VERIFIED CORRECT FOR | | |
| 36. I certify this account is correct and proper for payment. | | | | | | 31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL | | | | 34. CHECK NUMBER | | |
| a. DATE (YYYYMMDD) | | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | | | | | | | | 35. BILL OF LADING NO. | | |
| 37. RECEIVED AT | | 38. RECEIVED BY | | 39. DATE RECEIVED (YYYYMMDD) | | 40. TOTAL CONTAINERS | | 41. S/R ACCOUNT NO. | | 42. S/R VOUCHER NO. | | |

Section B - Supplies or Services and Prices

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|--|----------|------|----------------------|-------------|
| 0001 | Services CPFF Services in accordance with the Performance Work Statement (PWS), Attachment 1 to this task order. This is a level of effort task order, severable in nature. The required level of effort for this period is (b)(4) labor hours. FOB: Destination PURCHASE REQUEST NUMBER: 1300553970-0001 | 1 | Lot | | \$15,060.38 |
| | | | | ESTIMATED COST | (b)(4) |
| | | | | FIXED FEE | (b)(4) |
| | | | | TOTAL EST COST + FEE | \$15,060.38 |
| | ACRN AA CIN: 130055397000001 | | | | \$15,060.38 |
| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
| 0002 | CDRLs IAW EXHIBIT A | | Lot | | NSP |
| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
| 0003 | Services CPFF Services in accordance with the Performance Work Statement (PWS), Attachment 1 to this task order. This is a level of effort task order, severable in nature. The required level of effort for this period is (b)(4) labor hours. Period of Performance: Six (6) months from the date of option exercise. FOB: Destination | 1 | Lot | | \$15,060.38 |
| OPTION | | | | ESTIMATED COST | (b)(4) |
| | | | | FIXED FEE | (b)(4) |
| | | | | TOTAL EST COST + FEE | \$15,060.38 |

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|-------------------|----------|------|------------|--------|
| 0004 | | | Lot | | NSP |
| OPTION | CDRLs EXHIBIT A | | | | |

CLAUSES INCORPORATED BY FULL TEXT

5252.216-9201 PAYMENT OF FIXED FEE BASED ON STAFF-HOURS (TERM TYPE) (NOV 2003)

The fixed fee for work performed under this contract is **\$689.84 for the Base Period** and **\$689.84 for the Option Period**, *provided* that not less than (b)(4) **Hours for the Base Period** and **175 Hours for the Option Period** staff-hours of direct labor are so employed on such work by the Contractor. If substantially less than the stated number of staff-hours of direct labor are so employed for such work, the fixed fee shall be equitably reduced to reflect the reduction of work. The Government shall make payments to the Contractor when requested as work progresses, but not more frequently than biweekly, on account of the fixed fee, equal to ~~(b)(4)~~ **percent** of the amounts invoiced by the Contractor under the "Allowable Cost and Payment" clause hereof for the related period, subject to the withholding provisions of paragraph (b) of the "Fixed Fee" clause provided that the total of all such payments shall not exceed eighty-five percent (85%) of the fixed fee. Any balance of fixed fee due the contractor shall be paid to the Contractor, and any overpayment of fixed fee shall be repaid to the Government by the Contractor, or otherwise credited to the Government, at the time of final payment.

(End of clause)

Section E - Inspection and Acceptance

INSPECTION AND ACCEPTANCE TERMS

Supplies/services will be inspected/accepted at:

| CLIN | INSPECT AT | INSPECT BY | ACCEPT AT | ACCEPT BY |
|------|-------------|------------|-------------|------------|
| 0001 | Destination | Government | Destination | Government |
| 0002 | Destination | Government | Destination | Government |
| 0003 | Destination | Government | Destination | Government |
| 0004 | Destination | Government | Destination | Government |

Section F - Deliveries or Performance

DELIVERY INFORMATION

| CLIN | DELIVERY DATE | QUANTITY | SHIP TO ADDRESS | DODAAC |
|------|-----------------------------------|----------|---|--------|
| 0001 | POP 25-MAR-2016 TO 15-SEP-2016 | N/A | SPAWAR SYSTEMS CENTER PACIFIC RECEIVING OFFICER 4297 PACIFIC HIGHWAY, BLDG 7 CODE 43150 SAN DIEGO CA 92110-5000 619-524-2950 FOB: Destination | N66001 |
| 0002 | N/A | N/A | N/A | N/A |
| 0003 | N/A | N/A | N/A | N/A |
| 0004 | N/A | N/A | N/A | N/A |

Section G - Contract Administration Data

This task order includes option . The option period may be exercised unilaterally by the Government under the authority of FAR 52.217-9 Option to Extend the Term of the Contract, which is included in the basic contract.

ACCOUNTING AND APPROPRIATION DATA

AA: 97X4930 NH3P 251 77777 0 050120 2F 000000

COST CODE: A00003310716

AMOUNT: \$15,060.38

CIN 130055397000001: \$15,060.38

CLAUSES INCORPORATED BY FULL TEXT

252.204-0002 LINE ITEM SPECIFIC: SEQUENTIAL ACRN ORDER. (SEP 2009)

The payment office shall make payment in sequential ACRN order within the line item, exhausting all funds in the previous ACRN before paying from the next ACRN using the following sequential order: Alpha/Alpha; Alpha/numeric; numeric/alpha; and numeric/numeric.

(End of clause)

ENTERPRISE CONTRACTOR MANPOWER REPORTING APPLICATION (ECMRA)

The contractor shall report ALL contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract for the Space and Naval Warfare Systems Command (SPAWAR) via a secure data collection site. The contractor is required to completely fill in all required data fields using the following web address <https://doncmra.nmci.navy.mil>.

Reporting inputs will be for the labor executed during the period of performance during each Government fiscal year (FY), which runs October 1 through September 30. While inputs may be reported any time during the FY, all data shall be reported no later than October 31 of each calendar year. Contractors may direct questions to the help desk, linked at <http://www.ecmra.mil/>.

For purposes of ECMRA reporting, the Federal Supply Code / Product Service Code applicable to this contract/order is J059.

5252.201-9201 DESIGNATION OF CONTRACTING OFFICER'S REPRESENTATIVE (MAR 2006)

(a) The Contracting Officer hereby appoints the following individual as Contracting Officer's Representative(s) (COR) for this contract/order:

CONTRACTING OFFICER REPRESENTATIVE

Name: (b)(6)

Code: 53224

Phone Number: 808- 474-6531

E-mail: (b)(6)

(b) It is emphasized that only the Contracting Officer has the authority to modify the terms of the contract, therefore, in no event will any understanding agreement, modification, change order, or other matter deviating from the terms of the basic contract between the Contractor and any other person be effective or binding on the Government. When/If, in the opinion of the Contractor, an effort outside the existing scope of the contract is requested, the Contractor shall promptly notify the PCO in writing. No action shall be taken by the Contractor unless the Procuring Contracting Officer (PCO) or the Administrative Contracting Officer (ACO) has issued a contractual change.

Section J - List of Documents, Exhibits and Other Attachments

| DOCUMENT TYPE | DESCRIPTION | PAGES | DATE |
|---------------|--|-------|-------------|
| Exhibit A | Contract Data Requirements List, DD 1423 | 3 | 14-MAR-2016 |
| Attachment 1 | Performance Work Statement | 4 | 17-FEB-2016 |